

INFORMATION MANAGEMENT REQUIREMENT/PROJECT DOCUMENT

For use of this form, see AR 25-1; the proponent agency is ODISC4

**REQUIREMENTS
CONTROL SYMBOL
CSIM-46**

1. FY	2. MACOM/FOA	3. CURRENT DATE (YYYYMMDD)	4. DATE REQUIRED (YYYYMMDD)			
5a. UNIT NAME AND ADDRESS		6. RS NUMBER	7. RS TITLE			
		8. PROJECT NO	9. TDA/UIC NO			
		10. REQUIREMENT (Check One) <input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> EXPANSION				
5b. E-MAIL ADDRESS		11. ID NO				
5b. DODAAC		12. TYPE				
14. POC NAME AND ADDRESS		15a. TELEPHONE NUMBER (Commercial/DSN)	a. INSTALLATION b. MACOM c. HQDA			
			16. LOCATION OF EQUIPMENT			
14a. E-MAIL ADDRESS		15b. FAX NO.	18. SHORT TITLE OF REQUIREMENT/PROJECT			
17. IMA DISCIPLINE AND MAJOR PROGRAM INVOLVED a. <input type="checkbox"/> AUTOMATION <input type="checkbox"/> COMMUNICATIONS <input type="checkbox"/> PUBLISHING <input type="checkbox"/> VISUAL INFORMATION <input type="checkbox"/> RECORDS MANAGEMENT <input type="checkbox"/> LIBRARIES b. MAJOR PROGRAM:						
19. AMOUNT OF FUNDS (Enter figure in appropriate box(es))		OMA	OPA	MCA	RDT&E	OTHER
a. Nonrecurring/one-time costs						
b. Annual recurring/operating/support costs						
c. Number of years needed						
d. TOTAL DOLLARS REQUIRED						
20. SECURITY REQUIREMENTS						
21. SPECIFIC SERVICE REQUIREMENT(s)						
22. DESCRIPTION OF EQUIPMENT AND NUMBER UNITS REQUIRED (If more space is needed, attach sheet with item number indicated.)						
23. FUNCTION TO BE PERFORMED (If more space is needed, attach sheet with item number indicated.)						
24. INTEROPERABILITY REQUIRED (If more space is needed, attach sheet with item number indicated.)						

25. MISSION/PROJECTED SUPPORTED (If more space is needed, attach sheet with item number indicated.)

26. PROJECTED UTILIZATION FACTORS (If more space is needed, attach sheet with item number indicated.)

27. COST SAVINGS/AVOIDANCE (If more space is needed, attach sheet with item number indicated.)

28. MAINTENANCE a. IN-HOUSE b. INTERSERVICE SUPPORT AGREEMENT (Specify)

c. ANNUAL COST d. CONTRACT NUMBER e. OTHER MAINTENANCE SOURCE (Specify)

29. IMPACT IF NOT RECEIVED/ADVANTAGES (If more space is needed, attach sheet with item number indicated.)

30. ITEMS TO BE REPLACED/DISPOSED OF

a. EQUIPMENT DESCRIPTION

b. CONDITION

c. MANUFACTURER/MODEL/SERIAL NO

31. APPROVING AUTHORITY

a. TYPED NAME, GRADE OR TITLE

b. TELEPHONE
(Comm/DSN)

c. SIGNATURE